Family Care Quality

CMO Member Outcomes:
Round 4

Interviews Conducted September 2003 – June 2004

Department of Health and Family Services
Division of Disability and Elder Services

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Introduction

The Department of Health and Family Services is using several methods, both traditional and innovative, to measure quality in Family Care, a managed-care program of long-term care that is operating in five Wisconsin counties. Family Care serves elderly individuals and individuals with physical or developmental disabilities. Traditional methods of quality assurance include procedures such as care plan review, monitoring the local care management organizations' (CMOs) compliance with contract requirements, and reviewing complaints and grievances.

The quality of Family Care services is also being assessed with an innovative method based upon 14 Family Care "member outcomes." These outcomes were identified by a group of consumers, providers, advocates, and staff of the Department, but are defined by each member for his or her own care plan. We believe that focusing on member outcomes promotes consistent attention at all levels to Family Care's ultimate purpose: improving the quality of life for people who need the services.

Family Care Member Personal Outcomes
Detailed explanations of each of these
outcomes are on page 5.

Foundations
1. People are safe.
2. People have the best possible health.
3. People are free from abuse and neglect.
4. People experience continuity and security.

Community Integration outcomes
5. People choose where and with whom to live.
6. People participate in the life of the community.
7. People remain connected to informal supports.

Self-determination and choice outcomes
8. People are treated fairly.
9. People have privacy.
10. People have personal dignity and respect.
11. People choose their services.
12. People choose their daily routines.
13. People achieve their employment objectives.
14. People are satisfied with services.

This report contains the results of the fourth series of Family Care member-outcome interviews with 501 randomly selected CMO members and their care managers. Between September 2003 and June 2004, trained interviewers conducted structured conversations with

each of these members to determine whether each outcome was present in each member's life, and then conducted structured interviews with those members' care managers to determine whether support was present for the achievement of each outcome.

The tables beginning on page 10 show, for each of several groupings of Family Care members:

- **Actual results for interviewed members**, indicating the proportion of interviewed members for whom their desired outcomes were present and the proportion of for whom supports tailored to achieve those outcomes were present; and
- **Estimates for the whole membership**, indicating the likely ranges in which outcomes and supports are present among all similar members, based on the sample interviewed.

The interviewers are trained in assessment techniques developed by the Council on Quality and Leadership (the Council), a nationally recognized authority for the accreditation of long-term care programs for people with disabilities. These techniques were adapted for use in Wisconsin in consultation with the Council. Staff of the Department's aging programs were helpful in refining the interview questions and techniques for use with elderly individuals.

One valuable feature of this measurement method is that it considers **each individual's preferences** when determining whether an outcome or a support is present. For example, two members may be living side-by-side in a high-quality residential facility. One might prefer to be there, while the other would prefer to be living alone. In that case, the outcome will be judged to be 'present' for the first member, but 'not present' for the second member, although both are receiving the same service. Supporting an outcome for any given individual requires the care manager to be aware of the person's preferences.

The Department has not yet identified benchmarks or targets for each outcome. There is no group of people—with or without disabilities—among whom all desired outcomes are present at any given time, so we believe that complete attainment of all outcomes for every member is an unrealistic benchmark. We have not yet been working with these results for long enough to identify the highest attainable value for outcomes. However, it is more realistic to look for near-complete presence of supports.

The 14 outcomes

These definitions are adapted from the Council on Quality and Leadership's *Personal Outcomes Measures 2000 Edition* manual.

Outcome	Outcome Definition
People are safe.	Each of us needs to feel safe from danger in our homes, workplaces, neighborhoods, and communities. People rely on regulations and inspections to ensure standards are met in certain settings to ensure safety, and they rely on personal actions (such as installing smoke detectors or security alarm systems) to feel safe in other settings. However, normal environments contain a reasonable amount of risk, and overprotection can prevent people from leading a fulfilling life.
People have the best possible health.	Best possible health must be defined in terms that are satisfactory to the member. The definition of "best possible health" depends on the current health status of the member and the possibility of health interventions to restore lost capacity, provide stabilization or minimize further loss of function. Health care interventions should be personalized and effective. Frail elderly people and people with disabilities should have access to health care services of the same variety and quality available to others.
People are free from abuse and neglect.	Treating people with dignity and respect requires that they are free from abuse and neglect. Actions and practices that may constitute abuse and neglect need to be functionally defined and understood. Abuse is defined and measured according to the person's experience, regardless of when it occurred.
People choose where and with whom to live.	Choice of a living situation is important in all people's lives. People should be able to choose their living arrangement, location, and the person with whom they live if they prefer to live with others. People need opportunities to see what is available and to make informed choices.
People experience continuity and security.	Change can contribute to happiness or discontent. Understanding and recognizing the emotional impact of change on a member is vital to providing consumer-centered services and supports. Economic security plays a significant role in enabling members to plan for the future. People should be included in all relevant decisions that impact their lives.
People participate in the life of the community.	The community has many resources for personal support, enjoyment, and personal development. When people go out in the community they meet other people, learn, and broaden their experiences. Generic community resources, such as doctors, restaurants, banks, grocery and retail stores, should be the preferred choice for health, leisure, and routine daily living activities.
People remain connected to informal support networks.	Informal support networks are groups of people, such as family and close friends, whose support of each other is usually lifelong and results in security and the provision of a safety net to the person. Informal support cannot be created or manufactured, but can be nurtured as people and relationships grow and evolve. Time, age, and distance can affect how well people remain connected.

Outcome	Outcome Definition
People are treated fairly.	Each person is guaranteed the opportunity to be heard and treated fairly as an individual in any situation where limitations are imposed. Limitations may occur as the result of laws, community or group norms, or the needs of other people, but should be temporary. People have the right to expect that they will be informed of options, give consent to proposed actions, have their personal concerns be considered important, and have a fair and impartial hearing in disputes.
People have privacy.	Privacy is freedom from unwanted intrusion; each person has different requirements for privacy. People may need private space and time when talking on the telephone, reading mail, and being with friends, family, and others. When people live together, privacy is more complicated; it may not be possible for each person to have access to privacy at the same time. Privacy is particularly important when staff assist and support people with personal hygiene and health needs. Dignity and respect must always be demonstrated, and people should decide who provides this care.
People have personal dignity and respect.	Respect indicates that we believe that someone is a valued person. Respect is more than the absence of negative comments or actions. Respectful treatment and interactions enhance the person's self-esteem and result in positive perceptions by others. Respect is demonstrated by how people interact. Respect means listening and responding to the person's needs with the same promptness and urgency that anyone would expect.
People choose their services.	Services exist to help people get what they want and need. The ability to choose where to shop, do business, or obtain services means that people are more likely to get what they want and need. Choice means offering options for services and interventions and respecting members' wishes. A person's ability and desire to choose and make decisions regarding services vary throughout his or her life.
People choose their daily routines.	Being able to make choices about daily activities is basic to exercising personal control. People need to be able to make choices in organizing their personal routine of activities to express their individuality. Routine activities include choosing times for work, leisure, personal care, eating, and sleeping; making menu choices; selecting clothes for the day; and setting aside time to spend with family and friends.
People achieve their employment objectives.	Finding and choosing a job and a career is an important life decision. People can have productive lives with or without paid employment, if they have meaningful activities that provide similar social and personal rewards. People should have the opportunity to consider a range of choices such as paid employment, volunteering, continued learning, or leisure activities.
People are satisfied with services.	Satisfaction as defined by the person is a key to quality of services and supports. Satisfaction is related to what people think of services and supports, what their expectations are, and what else they want for the future. Satisfaction does not necessarily mean getting everything you want, but it is more likely to occur when people feel that they are seen as important and treated with respect. The absence of a complaint does not mean the member is satisfied.

Use of outcomes in care planning

Each Family Care member receives an assessment of his or her desired outcomes and needs at least once a year. In these assessments, outcomes-focused care managers and providers are expected to help the member to identify the desired outcomes, and then find flexible, creative ways to provide support for those outcomes through the individual's service plans. Care managers are expected to monitor the effectiveness of the supports in helping the members move toward achievement of their personal outcomes, and to adjust the care plan as the member's needs and preferences change.

No care plan will need actively to address each of the 14 outcomes all the time. Many outcomes are present with little or no active support from the care manager or any service provider. Instead, care managers are expected to identify those outcomes which are currently of greatest concern to the member, or for which they need the most active support, and to actively work with those.

Measurement of outcomes and supports

To measure outcomes and supports, the Department draws upon a methodology developed by the Council on Quality and Leadership (the Council), a nationally recognized authority for the accreditation of long-term care programs for people with disabilities. These methods incorporate interviewing techniques that vary depending upon the verbal skills of the consumers. The process incorporates methods for ensuring that all interviewers are using the process the same way.

Although the Council's experience has been mostly with people with disabilities, rather than with elderly people, the Department worked with the Council to adapt the assessment techniques to the needs of elderly consumers. In particular, staff of the Department's aging programs assisted in refining the interview questions and techniques for use with elderly individuals. For example, the outcome, "People achieve their employment objectives" was framed for elderly individuals to assess whether they had meaningful and fulfilling daytime activities.

Interviewers gather information directly from a randomly selected sample of Family Care members in face-to-face conversations. These conversations are guided by a set of suggested questions. Interviewers then apply predetermined decision-making guidelines to the information shared by the member to determine a person's personal preferences for social and support networks, lifestyles and role functions, activities, and other factors related to outcomes, and whether those outcomes are present in the person's life.

Interviewers then contact the lead professional of each member's care management team. Using decision-making guidelines similar to those used for the member interviews, the interviewer determined whether outcome-based support was being provided to the member. If the care manager was familiar with the person's needs and preferences and had taken steps to promote the achievement of the outcomes as desired by that individual, the interviewer determined that support had been provided to achieve member-defined outcomes.

Examples of the discussion questions and the complete list of decision-making questions for each outcome are included in the Appendix on page 31. It should be noted that interviewers are instructed to take any immediate action necessary to protect the member and to bring the problem promptly to the care manager's attention if they noticed immediate health or safety problems during their conversations with members.

The presence of outcomes and supports are determined separately. For example, if a person who lives in a congregate setting prefers to live alone, the outcome "choose where and with whom to live" is not present. However, if the individual's care plan includes both services to help the individual learn the skills necessary to live alone and a process to develop an independent living situation, the supports are being provided to help achieve the outcome.

If the person who lives in the congregate setting is aware of available choices and truly does prefer to live there, the outcome, "choose where and with whom to live" is present. However, the person's care manager may never have talked to the person about his or her options or desires for a living situation. In that case, supports for the outcome are not being provided.

The first series of these assessments, which established baseline measures of outcomes and supports, was carried out between November 2000 and January 2001. The second series was carried out between May and November 2001; the third round between January and May of 2003. This report contains the results of the fourth round of interviews, conducted between September 2003 and June 2004; results of previous rounds are available on the Family Care website, http://dhfs.wisconsin.gov/LTCare/ResearchReports.

Assessment of outcomes and supports provides a basis for quality management

Traditional methods of monitoring quality focus on compliance with standard procedures and organizational processes, and emphasize documentation of compliance with regulations. These traditional systems typically depend upon the judgment of professional inspectors.

In contrast, focus on assessing consumer outcomes will better enable providers to know and understand their clients as people with personal goals and will provide an incentive to adapt services more creatively to the needs of each unique individual. No longer will it be acceptable to provide services that do no more than meet minimum licensure standards; providers will be expected to support the achievement of desired results for the individuals. Knowledge about outcomes enables consumers and their families to reject services that are ineffective, and allows policy makers to redirect resources to programs that do a better job of improving the health and well-being of their consumers.

At the local level, each care management organization (CMO) is required to have an internal quality assessment and improvement program that collects and reports information on desired member outcome measures, identifies people who do not achieve desired outcomes, and allows the CMO continuously to monitor and evaluate its own performance and that of its providers.

The results are not to be considered a numeric report card, and no minimum required levels for outcomes and supports have been identified. Instead, collaborative examination of this information will enable the Department and the CMOs to identify and learn from areas of strength, and to identify areas needing improvement. Although we cannot expect all outcomes, or even any single outcome, to be present for all consumers, experience with these measures will, over time, provide a basis for reasonable expectations and comparisons. Most importantly, comparison of results over time will enable the Department, CMOs, consumers, and others to determine whether improvement is taking place.

The primary value of this baseline information lies in the guidance it provides to quality improvement efforts. For example, after the first round of member-outcome interviews, the Fond du Lac County CMO was concerned with the level of member outcomes found to be present for members with developmental disabilities in "People choose where and with whom they live." CMO staff then focused on identifying members' outcomes and additional efforts that could support that outcome for more people. Over the next year, the CMO worked on reducing the size of several residential facilities to provide more private rooms and alternate living situations for members who requested a change. As a result of the efforts of the CMO, the percentage of interviewees with developmental disabilities for whom this outcome was present doubled between the first round to the second round of member-outcome interviews.

Additional quality assessment methods

Measuring member outcomes is only one component of the comprehensive quality assurance and quality improvement strategy for Family Care. The Department evaluated each local organization before its certification as a Family Care CMO and re-certifies each CMO annually. Each CMO must demonstrate:
1) Expertise in determining and meeting the needs of its target population, including a sufficient number of qualified and knowledgeable care managers and linkages with primary and acute health care services;
2) Adequate availability of qualified providers with the expertise and ability to serve the CMO's target population in a timely manner; and
3) Organizational capacity to operate as a CMO, including financial solvency and stability, and ability to collect and analyze data for financial management, quality assurance, and quality improvement.

In addition, the Department reviews required reports that are submitted by the CMOs, including logs of appeals and grievances and quarterly reports.

The Department also contracts with MetaStar, a non-profit health care quality improvement organization, to perform independent quality reviews. In addition to conducting the member-outcome interviews, MetaStar reviews the CMOs' quality-improvement projects, performs care plan reviews, audits self-reported performance indicators, and performs other review activities.

Results Tables

Family Care **All Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**		**Supports Present**	
	Outcomes found to be present for the 501 members who were interviewed.	Outcomes estimated to be present among all 7,838 members (We are 95% confident that the results would fall within this range if we could interview all members.)	Supports found to be present for the 501 members who were interviewed.	Supports estimated to be present among all 7,838 members (We are 95% confident that the results would fall within this range if we could interview all members.)
Foundations	**Number**	**Percent**	**Range**	**Number**	**Percent**	**Range**
People are safe.	406	81.0 %	**77.4 - 84.2 %**	415	82.8 %	**79.3 - 85.9 %**
People have the best possible health.	340	67.9 %	**63.7 - 71.8 %**	419	83.6 %	**80.1 - 86.6 %**
People are free from abuse and neglect.	443	88.4 %	**85.3 - 90.9 %**	236	47.1 %	**42.6 - 51.5 %**
People experience continuity and security.	274	54.7 %	**50.3 - 69.0 %**	292	58.3 %	**53.9 - 62.5 %**
Community Integration						
People choose where and with whom to live.	327	65.3 %	**61.0 - 69.3 %**	340	67.9 %	**63.7 - 71.8 %**
People participate in the community.	324	64.7 %	**60.4 - 68.7 %**	315	62.9 %	**58.6 - 67.0 %**
People remain connected to informal supports.	388	57.7 %	**58.3 - 61.9 %**	429	85.6 %	**82.3 - 88.4 %**
Self-determination and choice						
People are treated fairly.	391	78.0 %	**74.2 - 81.4 %**	265	52.9 %	**48.5 - 57.2 %**
People have privacy.	446	89.0 %	**86.0 - 91.5 %**	429	85.6 %	**82.3 - 88.4 %**
People have personal dignity and respect.	387	77.2 %	**73.4 - 80.7 %**	326	65.1 %	**60.8 - 69.1 %**
People choose their services.	289	57.7 %	**53.3 - 61.9 %**	356	71.1 %	**66.9 - 74.9 %**
People choose their daily routines.	399	79.6 %	**75.9 - 82.9 %**	426	85.0 %	**81.6 - 87.9 %**
People achieve their employment objectives.	323	64.5 %	**60.2 - 68.5 %**	329	65.7 %	**61.4 - 68.7 %**
People are satisfied with services.	388	77.4 %	**73.6 - 80.9 %**	423	84.4 %	**81.0 - 87.3 %**

Family Care: **Members with Developmental Disabilities** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 81 members who were interviewed.	Outcomes estimated to be present among all 1,049 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 81 members who were interviewed.	Supports estimated to be present among all 1,049 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	69	85.2%	**75.9% - 91.3%**	74	91.4%	**83.2% - 95.8%**
People have the best possible health.	64	79.0%	**68.9% - 86.5%**	76	93.8%	**86.4% - 97.3%**
People are free from abuse and neglect.	71	87.7%	**78.7% - 93.2%**	49	60.5%	**49.6% - 70.4%**
People experience continuity and security.	52	64.2%	**53.3% - 73.8%**	53	65.4%	**54.6% - 74.9%**
Community Integration						
People choose where and with whom to live.	53	65.4%	**54.6% - 74.9%**	53	65.4%	**54.6% - 74.9%**
People participate in the community.	59	72.8%	**62.3% - 81.3%**	54	66.7%	**55.9% - 76.0%**
People remain connected to informal supports.	64	69.1%	**58.4% - 78.1%**	74	91.4%	**83.2% - 95.8%**
Self-determination and choice						
People are treated fairly.	71	87.7%	**78.7% - 93.2%**	54	66.7%	**55.9% - 76.0%**
People have privacy.	76	93.8%	**86.4% - 97.3%**	76	93.8%	**86.4% - 97.3%**
People have personal dignity and respect.	61	75.3%	**64.9% - 83.4%**	60	74.1%	**63.6% - 82.4%**
People choose their services.	56	69.1%	**58.4% - 78.1%**	59	72.8%	**62.3% - 81.3%**
People choose their daily routines.	72	88.9%	**80.2% - 94.0%**	75	92.6%	**84.8% - 96.6%**
People achieve their employment objectives.	42	51.9%	**41.1% - 62.4%**	58	71.6%	**61.0% - 80.3%**
People are satisfied with services.	66	81.5%	**71.7% - 88.4%**	73	90.1%	**81.7% - 94.9%**

*   These broad ranges are a result of the small number of people interviewed in this target group. A larger number of interviews would have produced more precise results.

Family Care: **Frail Elder Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 374 members who were interviewed.	Outcomes estimated to be present among all 5,976 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 374 members who were interviewed.	Supports estimated to be present among all 5,976 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range**	**Number**	**Percent**	**Range**
People are safe.	297	79.4%	**75.0% - 83.2%**	300	80.2%	**75.9% - 83.9%**
People have the best possible health.	251	67.1%	**62.2% - 71.7%**	304	81.3%	**77.0% - 84.9%**
People are free from abuse and neglect.	330	88.2%	**84.6% - 91.1%**	154	41.2%	**36.3% - 46.2%**
People experience continuity and security.	195	52.1%	**47.1% - 57.2%**	213	57.0%	**51.9% - 61.9%**
Community Integration						
People choose where and with whom to live.	243	65.0%	**60.0% - 69.6%**	257	68.7%	**63.8% - 73.2%**
People participate in the community.	233	62.3%	**57.3% - 67.1%**	229	61.2%	**56.2% - 66.0%**
People remain connected to informal supports.	284	54.0%	**48.9% - 59.0%**	316	84.5%	**80.5% - 87.8%**
Self-determination and choice						
People are treated fairly.	284	75.9%	**71.4% - 80.0%**	177	47.3%	**42.3% - 52.4%**
People have privacy.	327	87.4%	**83.7% - 90.4%**	312	83.4%	**79.3% - 86.8%**
People have personal dignity and respect.	294	78.6%	**74.2% - 82.5%**	232	62.0%	**57.0% - 66.8%**
People choose their services.	202	54.0%	**48.9% - 59.0%**	263	70.3%	**65.5% - 74.7%**
People choose their daily routines.	286	76.5%	**71.9% - 80.5%**	309	82.6%	**78.5% - 86.1%**
People achieve their employment objectives.	256	68.4%	**63.6% - 73.0%**	246	65.8%	**60.8% - 70.4%**
People are satisfied with services.	285	76.2%	**71.6% - 80.2%**	310	82.9%	**78.7% - 86.4%**

Family Care: **Members with Physical Disabilities** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 46 members who were interviewed.	Outcomes estimated to be present among all 813 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 46 members who were interviewed.	Supports estimated to be present among all 813 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	40	87.0%	**74.3% - 93.9%**	41	89.1%	**77.0% - 95.3%**
People have the best possible health.	25	54.3%	**40.2% - 67.8%**	39	84.8%	**71.8% - 92.4%**
People are free from abuse and neglect.	42	91.3%	**79.7% - 96.6%**	33	71.7%	**57.5% - 82.7%**
People experience continuity and security.	27	58.7%	**44.3% - 71.7%**	26	56.5%	**42.2% - 69.8%**
Community Integration						
People choose where and with whom to live.	31	67.4%	**53.0% - 79.1%**	30	65.2%	**50.8% - 77.3%**
People participate in the community.	32	69.6%	**55.2% - 80.9%**	32	69.6%	**55.2% - 80.9%**
People remain connected to informal supports.	40	67.4%	**53.0% - 79.1%**	39	84.8%	**71.8% - 92.4%**
Self-determination and choice						
People are treated fairly.	36	78.3%	**64.4% - 87.7%**	34	73.9%	**59.7% - 84.4%**
People have privacy.	43	93.5%	**82.5% - 97.8%**	41	89.1%	**77.0% - 95.3%**
People have personal dignity and respect.	32	69.6%	**55.2% - 80.9%**	34	73.9%	**59.7% - 84.4%**
People choose their services.	31	67.4%	**53.0% - 79.1%**	34	73.9%	**59.7% - 84.4%**
People choose their daily routines.	41	89.1%	**77.0% - 95.3%**	42	91.3%	**79.7% - 96.6%**
People achieve their employment objectives.	25	54.3%	**40.2% - 67.8%**	25	54.3%	**40.2% - 67.8%**
People are satisfied with services.	37	80.4%	**66.8% - 89.3%**	40	87.0%	**74.3% - 93.9%**

*   These broad ranges are a result of the small number of people interviewed in this target group. A larger number
     of interviews would have produced more precise results.

Fond du Lac County CMO **All Members** Round 4 Interviews conducted September 2003-June 2004	Outcomes Present		Supports Present	
	Outcomes found to be present for the 72 members who were interviewed.	Outcomes estimated to be present among all 920 members (We are 95% confident that the results would fall within this range if we could interview all members.)	Supports found to be present for the 72 members who were interviewed.	Supports estimated to be present among all 920 members (We are 95% confident that the results would fall within this range if we could interview all members.)

Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	63	87.5%	**77.9% - 93.3%**	68	94.4%	**86.6% - 97.8%**
People have the best possible health.	55	76.4%	**65.4% - 84.7%**	63	87.5%	**77.9% - 93.3%**
People are free from abuse and neglect.	65	90.3%	**81.3% - 95.2%**	38	52.8%	**41.4% - 63.9%**
People experience continuity and security.	44	61.1%	**49.6% - 71.5%**	37	51.4%	**40.1% - 62.6%**
Community Integration						
People choose where and with whom to live.	53	73.6%	**62.4% - 82.4%**	51	70.8%	**59.5% - 80.1%**
People participate in the community.	37	51.4%	**40.1% - 62.6%**	32	44.4%	**33.5% - 55.9%**
People remain connected to informal supports.	52	58.3%	**46.8% - 69.0%**	56	77.8%	**66.9% - 85.8%**
Self-determination and choice						
People are treated fairly.	60	83.3%	**73.1% - 90.2%**	37	51.4%	**40.1% - 62.6%**
People have privacy.	66	91.7%	**83.0% - 96.1%**	64	88.9%	**79.6% - 94.3%**
People have personal dignity and respect.	56	77.8%	**66.9% - 85.8%**	50	69.4%	**58.0% - 78.9%**
People choose their services.	42	58.3%	**46.8% - 69.0%**	46	63.9%	**52.4% - 74.0%**
People choose their daily routines.	56	77.8%	**66.9% - 85.8%**	59	81.9%	**71.5% - 89.1%**
People achieve their employment objectives.	40	55.6%	**44.1% - 66.5%**	39	54.2%	**42.7% - 65.2%**
People are satisfied with services.	64	88.9%	**79.6% - 94.3%**	67	93.1%	**84.8% - 97.0%**

* These broad ranges are a result of the small number of people interviewed in this CMO. A larger number of interviews would have produced more precise results.

Fond du Lac CMO: Members with Developmental Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present		Supports Present	
	Outcomes found to be present for the 29 members who were interviewed.	Outcomes estimated to be present among all 311 members (We are 95% confident that the results would fall within this range if we could interview all members.)	Supports found to be present for the 29 members who were interviewed.	Supports estimated to be present among all 311 members (We are 95% confident that the results would fall within this range if we could interview all members.)
Foundations	**Number** / **Percent**	**Range***	**Number** / **Percent**	**Range***

Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	24	82.8%	**65.5% - 92.4%**	27	93.1%	**78.0% - 98.1%**
People have the best possible health.	23	79.3%	**61.6% - 90.2%**	26	89.7%	**73.6% - 96.4%**
People are free from abuse and neglect.	25	86.2%	**69.4% - 94.5%**	17	58.6%	**40.7% - 74.5%**
People experience continuity and security.	17	58.6%	**40.7% - 74.5%**	13	44.8%	**28.4% - 62.5%**
Community Integration						
People choose where and with whom to live.	20	69.0%	**50.8% - 82.7%**	16	55.2%	**37.5% - 71.6%**
People participate in the community.	17	58.6%	**40.7% - 74.5%**	13	44.8%	**28.4% - 62.5%**
People remain connected to informal supports.	23	65.5%	**47.3% - 80.1%**	25	86.2%	**69.4% - 94.5%**
Self-determination and choice						
People are treated fairly.	25	86.2%	**69.4% - 94.5%**	15	51.7%	**34.4% - 68.6%**
People have privacy.	28	96.6%	**82.8% - 99.4%**	29	100.0%	**88.3% - 100.0%**
People have personal dignity and respect.	20	69.0%	**50.8% - 82.7%**	20	69.0%	**50.8% - 82.7%**
People choose their services.	19	65.5%	**47.3% - 80.1%**	17	58.6%	**40.7% - 74.5%**
People choose their daily routines.	25	86.2%	**69.4% - 94.5%**	25	86.2%	**69.4% - 94.5%**
People achieve their employment objectives.	15	51.7%	**34.4% - 68.6%**	16	55.2%	**37.5% - 71.6%**
People are satisfied with services.	23	79.3%	**61.6% - 90.2%**	27	93.1%	**78.0% - 98.1%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Fond du Lac CMO: Frail Elder Members Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 37 members who were interviewed.	Outcomes estimated to be present among all 482 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 37 members who were interviewed.	Supports estimated to be present among all 482 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	33	89.2%	**75.3% - 95.7%**	35	94.6%	**82.3% - 98.5%**
People have the best possible health.	28	75.7%	**59.9% - 86.6%**	31	83.8%	**68.9% - 92.3%**
People are free from abuse and neglect.	34	91.9%	**78.7% - 97.2%**	17	45.9%	**31.0% - 61.6%**
People experience continuity and security.	24	64.9%	**48.8% - 78.2%**	21	56.8%	**40.9% - 71.3%**
Community Integration						
People choose where and with whom to live.	29	78.4%	**62.8% - 88.6%**	30	81.1%	**65.8% - 90.5%**
People participate in the community.	18	48.6%	**33.4% - 64.1%**	16	43.2%	**28.7% - 59.1%**
People remain connected to informal supports.	23	51.4%	**35.9% - 66.6%**	25	67.6%	**51.5% - 80.4%**
Self-determination and choice						
People are treated fairly.	29	78.4%	**62.8% - 88.6%**	17	45.9%	**31.0% - 61.6%**
People have privacy.	33	89.2%	**75.3% - 95.7%**	31	83.8%	**68.9% - 92.3%**
People have personal dignity and respect.	32	86.5%	**72.0% - 94.1%**	26	70.3%	**54.2% - 82.5%**
People choose their services.	19	51.4%	**35.9% - 66.6%**	23	62.2%	**46.1% - 75.9%**
People choose their daily routines.	26	70.3%	**54.2% - 82.5%**	29	78.4%	**62.8% - 88.6%**
People achieve their employment objectives.	23	62.2%	**46.1% - 75.9%**	21	56.8%	**40.9% - 71.3%**
People are satisfied with services.	35	94.6%	**82.3% - 98.5%**	34	91.9%	**78.7% - 97.2%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A
     larger number of interviews would have produced more precise results.

Fond du Lac CMO: Members with Physical Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 6 members who were interviewed.	Outcomes estimated to be present among all 127 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 6 members who were interviewed.	Supports estimated to be present among all 127 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**
People have the best possible health.	4	66.7%	**30.0% - 90.3%**	6	100.0%	**61.0% - 100.0%**
People are free from abuse and neglect.	6	100.0%	**61.0% - 100.0%**	4	66.7%	**30.0% - 90.3%**
People experience continuity and security.	3	50.0%	**18.8% - 81.2%**	3	50.0%	**18.8% - 81.2%**
Community Integration						
People choose where and with whom to live.	4	66.7%	**30.0% - 90.3%**	5	83.3%	**43.6% - 97.0%**
People participate in the community.	2	33.3%	**9.7% - 70.0%**	3	50.0%	**18.8% - 81.2%**
People remain connected to informal supports.	6	66.7%	**30.0% - 90.3%**	6	100.0%	**61.0% - 100.0%**
Self-determination and choice						
People are treated fairly.	6	100.0%	**61.0% - 100.0%**	5	83.3%	**43.6% - 97.0%**
People have privacy.	5	83.3%	**43.6% - 97.0%**	4	66.7%	**30.0% - 90.3%**
People have personal dignity and respect.	4	66.7%	**30.0% - 90.3%**	4	66.7%	**30.0% - 90.3%**
People choose their services.	4	66.7%	**30.0% - 90.3%**	6	100.0%	**61.0% - 100.0%**
People choose their daily routines.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People achieve their employment objectives.	2	33.3%	**9.7% - 70.0%**	2	33.3%	**9.7% - 70.0%**
People are satisfied with services.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

La Crosse County CMO **All Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 88 members who were interviewed.	Outcomes estimated to be present among all 1,448 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 88 members who were interviewed.	Supports estimated to be present among all 1,448 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	74	84.1%	**75.0% - 90.3%**	81	92.0%	**84.5% - 96.1%**
People have the best possible health.	58	65.9%	**55.5% - 75.0%**	74	84.1%	**75.0% - 90.3%**
People are free from abuse and neglect.	81	92.0%	**84.5% - 96.1%**	59	67.0%	**56.7% - 76.0%**
People experience continuity and security.	58	65.9%	**55.5% - 75.0%**	60	68.2%	**57.9% - 77.0%**
Community Integration						
People choose where and with whom to live.	51	58.0%	**47.5% - 67.7%**	58	65.9%	**55.5% - 75.0%**
People participate in the community.	62	70.5%	**60.2% - 79.0%**	63	71.6%	**61.4% - 80.0%**
People remain connected to informal supports.	72	64.8%	**54.4% - 73.9%**	74	84.1%	**75.0% - 90.3%**
Self-determination and choice						
People are treated fairly.	70	79.5%	**70.0% - 86.7%**	55	62.5%	**52.1% - 71.9%**
People have privacy.	80	90.9%	**83.1% - 95.3%**	78	88.6%	**80.3% - 93.7%**
People have personal dignity and respect.	66	75.0%	**65.0% - 82.9%**	63	71.6%	**61.4% - 80.0%**
People choose their services.	57	64.8%	**54.4% - 73.9%**	62	70.5%	**60.2% - 79.0%**
People choose their daily routines.	78	88.6%	**80.3% - 93.7%**	79	89.8%	**81.7% - 94.5%**
People achieve their employment objectives.	56	63.6%	**53.2% - 72.9%**	66	75.0%	**65.0% - 82.9%**
People are satisfied with services.	69	78.4%	**68.7% - 85.7%**	75	85.2%	**76.3% - 91.2%**

*   These broad ranges are a result of the small number of people interviewed in this CMO. A larger number of interviews would have produced more precise results.

La Crosse CMO: Members with Developmental Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present		Supports Present	
	Outcomes found to be present for the 28 members who were interviewed.	Outcomes estimated to be present among all 433 members (We are 95% confident that the results would fall within this range if we could interview all members.)	Supports found to be present for the 28 members who were interviewed.	Supports estimated to be present among all 433 members (We are 95% confident that the results would fall within this range if we could interview all members.)
Foundations	**Number** / **Percent**	**Range***	**Number** / **Percent**	**Range***

Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	25	89.3%	**72.8% - 96.3%**	25	89.3%	**72.8% - 96.3%**
People have the best possible health.	21	75.0%	**56.6% - 87.3%**	26	92.9%	**77.4% - 98.0%**
People are free from abuse and neglect.	26	92.9%	**77.4% - 98.0%**	15	53.6%	**35.8% - 70.5%**
People experience continuity and security.	21	75.0%	**56.6% - 87.3%**	19	67.9%	**49.3% - 82.1%**
Community Integration						
People choose where and with whom to live.	14	50.0%	**32.6% - 67.4%**	18	64.3%	**45.8% - 79.3%**
People participate in the community.	20	71.4%	**52.9% - 84.7%**	19	67.9%	**49.3% - 82.1%**
People remain connected to informal supports.	22	60.7%	**42.4% - 76.4%**	25	89.3%	**72.8% - 96.3%**
Self-determination and choice						
People are treated fairly.	24	85.7%	**68.5% - 94.3%**	18	64.3%	**45.8% - 79.3%**
People have privacy.	26	92.9%	**77.4% - 98.0%**	24	85.7%	**68.5% - 94.3%**
People have personal dignity and respect.	22	78.6%	**60.5% - 89.8%**	20	71.4%	**52.9% - 84.7%**
People choose their services.	17	60.7%	**42.4% - 76.4%**	19	67.9%	**49.3% - 82.1%**
People choose their daily routines.	25	89.3%	**72.8% - 96.3%**	26	92.9%	**77.4% - 98.0%**
People achieve their employment objectives.	15	53.6%	**35.8% - 70.5%**	20	71.4%	**52.9% - 84.7%**
People are satisfied with services.	23	82.1%	**64.4% - 92.1%**	24	85.7%	**68.5% - 94.3%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

La Crosse CMO: **Frail Elder Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 37 members who were interviewed.	Outcomes estimated to be present among all 578 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 37 members who were interviewed.	Supports estimated to be present among all 578 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	28	75.7%	**59.9% - 86.6%**	33	89.2%	**75.3% - 95.7%**
People have the best possible health.	26	70.3%	**54.2% - 82.5%**	29	78.4%	**62.8% - 88.6%**
People are free from abuse and neglect.	36	97.3%	**86.2% - 99.5%**	25	67.6%	**51.5% - 80.4%**
People experience continuity and security.	23	62.2%	**46.1% - 75.9%**	25	67.6%	**51.5% - 80.4%**
Community Integration						
People choose where and with whom to live.	24	64.9%	**48.8% - 78.2%**	24	64.9%	**48.8% - 78.2%**
People participate in the community.	23	62.2%	**46.1% - 75.9%**	25	67.6%	**51.5% - 80.4%**
People remain connected to informal supports.	30	64.9%	**48.8% - 78.2%**	31	83.8%	**68.9% - 92.3%**
Self-determination and choice						
People are treated fairly.	30	81.1%	**65.8% - 90.5%**	19	51.4%	**35.9% - 66.6%**
People have privacy.	32	86.5%	**72.0% - 94.1%**	32	86.5%	**72.0% - 94.1%**
People have personal dignity and respect.	29	78.4%	**62.8% - 88.6%**	25	67.6%	**51.5% - 80.4%**
People choose their services.	24	64.9%	**48.8% - 78.2%**	24	64.9%	**48.8% - 78.2%**
People choose their daily routines.	30	81.1%	**65.8% - 90.5%**	30	81.1%	**65.8% - 90.5%**
People achieve their employment objectives.	24	64.9%	**48.8% - 78.2%**	27	73.0%	**57.0% - 84.6%**
People are satisfied with services.	30	81.1%	**65.8% - 90.5%**	33	89.2%	**75.3% - 95.7%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

La Crosse CMO: **Members with Physical Disabilities** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 23 members who were interviewed.	Outcomes estimated to be present among all 437 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 23 members who were interviewed.	Supports estimated to be present among all 437 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	21	91.3%	**73.2% - 97.6%**	23	100.0%	**85.7% - 100.0%**
People have the best possible health.	11	47.8%	**29.2% - 67.0%**	19	82.6%	**62.9% - 93.0%**
People are free from abuse and neglect.	19	82.6%	**62.9% - 93.0%**	19	82.6%	**62.9% - 93.0%**
People experience continuity and security.	14	60.9%	**40.8% - 77.8%**	16	69.6%	**49.1% - 84.4%**
Community Integration						
People choose where and with whom to live.	13	56.5%	**36.8% - 74.4%**	16	69.6%	**49.1% - 84.4%**
People participate in the community.	19	82.6%	**62.9% - 93.0%**	19	82.6%	**62.9% - 93.0%**
People remain connected to informal supports.	20	69.6%	**49.1% - 84.4%**	18	78.3%	**58.1% - 90.3%**
Self-determination and choice						
People are treated fairly.	16	69.6%	**49.1% - 84.4%**	18	78.3%	**58.1% - 90.3%**
People have privacy.	22	95.7%	**79.0% - 99.2%**	22	95.7%	**79.0% - 99.2%**
People have personal dignity and respect.	15	65.2%	**44.9% - 81.2%**	18	78.3%	**58.1% - 90.3%**
People choose their services.	16	69.6%	**49.1% - 84.4%**	19	82.6%	**62.9% - 93.0%**
People choose their daily routines.	23	100.0%	**85.7% - 100.0%**	23	100.0%	**85.7% - 100.0%**
People achieve their employment objectives.	17	73.9%	**53.5% - 87.5%**	19	82.6%	**62.9% - 93.0%**
People are satisfied with services.	16	69.6%	**49.1% - 84.4%**	18	78.3%	**58.1% - 90.3%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A
      larger number of interviews would have produced more precise results.

Milwaukee County CMO **All Members** **Frail Elder Members** Round 4 Interviews conducted September 2003-June 2004	Outcomes Present		Supports Present	
	Outcomes found to be present for the 272 members who were interviewed.	Outcomes estimated to be present among all 4,511 members (We are 95% confident that the results would fall within this range if we could interview all members.)	Supports found to be present for the 272 members who were interviewed.	Supports estimated to be present among all 4,511 members (We are 95% confident that the results would fall within this range if we could interview all members.)

Foundations	**Number**	**Percent**	**Range**	**Number**	**Percent**	**Range**
People are safe.	215	79.0%	**73.8% - 83.5%**	208	76.5%	**71.1% - 81.1%**
People have the best possible health.	176	64.7%	**58.9% - 70.1%**	220	80.9%	**75.8% - 85.1%**
People are free from abuse and neglect.	232	85.3%	**80.6% - 89.0%**	99	36.4%	**30.9% - 42.3%**
People experience continuity and security.	127	46.7%	**40.8% - 52.6%**	149	54.8%	**48.8% - 60.6%**
Community Integration						
People choose where and with whom to live.	172	63.2%	**57.4% - 68.7%**	185	68.0%	**62.3% - 73.3%**
People participate in the community.	176	64.7%	**58.9% - 70.1%**	174	64.0%	**58.1% - 69.4%**
People remain connected to informal supports.	209	50.4%	**44.5% - 56.3%**	236	86.8%	**82.2% - 90.3%**
Self-determination and choice						
People are treated fairly.	199	73.2%	**67.6% - 78.1%**	121	44.5%	**38.7% - 50.4%**
People have privacy.	236	86.8%	**82.2% - 90.3%**	227	83.5%	**78.6% - 87.4%**
People have personal dignity and respect.	208	76.5%	**71.1% - 81.1%**	160	58.8%	**52.9% - 64.5%**
People choose their services.	137	50.4%	**44.5% - 56.3%**	195	71.7%	**66.1% - 76.7%**
People choose their daily routines.	209	76.8%	**71.5% - 81.5%**	230	84.6%	**79.8% - 88.4%**
People achieve their employment objectives.	194	71.3%	**65.7% - 76.4%**	185	68.0%	**62.3% - 73.3%**
People are satisfied with services.	194	71.3%	**65.7% - 76.4%**	216	79.4%	**74.2% - 83.8%**

Portage County CMO **All Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 46 members who were interviewed.	Outcomes estimated to be present among all 670 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 46 members who were interviewed.	Supports estimated to be present among all 670 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	34	73.9%	**59.7% - 84.4%**	37	80.4%	**66.8% - 89.3%**
People have the best possible health.	35	76.1%	**62.1% - 86.1%**	41	89.1%	**77.0% - 95.3%**
People are free from abuse and neglect.	44	95.7%	**85.5% - 98.8%**	27	58.7%	**44.3% - 71.7%**
People experience continuity and security.	27	58.7%	**44.3% - 71.7%**	32	69.6%	**55.2% - 80.9%**
Community Integration						
People choose where and with whom to live.	32	69.6%	**55.2% - 80.9%**	30	65.2%	**50.8% - 77.3%**
People participate in the community.	32	69.6%	**55.2% - 80.9%**	32	69.6%	**55.2% - 80.9%**
People remain connected to informal supports.	35	76.1%	**62.1% - 86.1%**	41	89.1%	**77.0% - 95.3%**
Self-determination and choice						
People are treated fairly.	43	93.5%	**82.5% - 97.8%**	35	76.1%	**62.1% - 86.1%**
People have privacy.	43	93.5%	**82.5% - 97.8%**	40	87.0%	**74.3% - 93.9%**
People have personal dignity and respect.	39	84.8%	**71.8% - 92.4%**	34	73.9%	**59.7% - 84.4%**
People choose their services.	35	76.1%	**62.1% - 86.1%**	38	82.6%	**69.3% - 90.9%**
People choose their daily routines.	38	82.6%	**69.3% - 90.9%**	38	82.6%	**69.3% - 90.9%**
People achieve their employment objectives.	26	56.5%	**42.2% - 69.8%**	30	65.2%	**50.8% - 77.3%**
People are satisfied with services.	40	87.0%	**74.3% - 93.9%**	43	93.5%	**82.5% - 97.8%**

*   These broad ranges are a result of the small number of people interviewed in this CMO. A larger number of interviews would have produced more precise results.

Portage County CMO: Members with Developmental Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 18 members who were interviewed.	Outcomes estimated to be present among all 199 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 18 members who were interviewed.	Supports estimated to be present among all 199 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	14	77.8%	**54.8% - 91.0%**	16	88.9%	**67.2% - 96.9%**
People have the best possible health.	15	83.3%	**60.8% - 94.2%**	18	100.0%	**82.4% - 100.0%**
People are free from abuse and neglect.	16	88.9%	**67.2% - 96.9%**	12	66.7%	**43.7% - 83.7%**
People experience continuity and security.	9	50.0%	**29.0% - 71.0%**	16	88.9%	**67.2% - 96.9%**
Community Integration						
People choose where and with whom to live.	14	77.8%	**54.8% - 91.0%**	14	77.8%	**54.8% - 91.0%**
People participate in the community.	16	88.9%	**67.2% - 96.9%**	17	94.4%	**74.2% - 99.0%**
People remain connected to informal supports.	13	83.3%	**60.8% - 94.2%**	18	100.0%	**82.4% - 100.0%**
Self-determination and choice						
People are treated fairly.	17	94.4%	**74.2% - 99.0%**	17	94.4%	**74.2% - 99.0%**
People have privacy.	17	94.4%	**74.2% - 99.0%**	18	100.0%	**82.4% - 100.0%**
People have personal dignity and respect.	15	83.3%	**60.8% - 94.2%**	15	83.3%	**60.8% - 94.2%**
People choose their services.	15	83.3%	**60.8% - 94.2%**	18	100.0%	**82.4% - 100.0%**
People choose their daily routines.	17	94.4%	**74.2% - 99.0%**	18	100.0%	**82.4% - 100.0%**
People achieve their employment objectives.	9	50.0%	**29.0% - 71.0%**	17	94.4%	**74.2% - 99.0%**
People are satisfied with services.	15	83.3%	**60.8% - 94.2%**	17	94.4%	**74.2% - 99.0%**

* These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Portage County CMO: **Frail Elder Members** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 22 members who were interviewed.	Outcomes estimated to to be present among all 341 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 22 members who were interviewed.	Supports estimated to be present among all 341 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	16	72.7%	**51.8% - 86.8%**	18	81.8%	**61.5% - 92.7%**
People have the best possible health.	16	72.7%	**51.8% - 86.8%**	19	86.4%	**66.7% - 95.3%**
People are free from abuse and neglect.	22	100.0%	**85.1% - 100.0%**	11	50.0%	**30.7% - 69.3%**
People experience continuity and security.	15	68.2%	**47.3% - 83.6%**	14	63.6%	**43.0% - 80.3%**
Community Integration						
People choose where and with whom to live.	14	63.6%	**43.0% - 80.3%**	15	68.2%	**47.3% - 83.6%**
People participate in the community.	12	54.5%	**34.7% - 73.1%**	12	54.5%	**34.7% - 73.1%**
People remain connected to informal supports.	17	77.3%	**56.6% - 89.9%**	18	81.8%	**61.5% - 92.7%**
Self-determination and choice						
People are treated fairly.	21	95.5%	**78.2% - 99.2%**	14	63.6%	**43.0% - 80.3%**
People have privacy.	20	90.9%	**72.2% - 97.5%**	16	72.7%	**51.8% - 86.8%**
People have personal dignity and respect.	19	86.4%	**66.7% - 95.3%**	16	72.7%	**51.8% - 86.8%**
People choose their services.	17	77.3%	**56.6% - 89.9%**	17	77.3%	**56.6% - 89.9%**
People choose their daily routines.	16	72.7%	**51.8% - 86.8%**	15	68.2%	**47.3% - 83.6%**
People achieve their employment objectives.	13	59.1%	**38.7% - 76.7%**	11	50.0%	**30.7% - 69.3%**
People are satisfied with services.	20	90.9%	**72.2% - 97.5%**	21	95.5%	**78.2% - 99.2%**

* These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Portage County CMO: Members with Physical Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 6 members who were interviewed.	Outcomes estimated to be present among all 130 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 6 members who were interviewed.	Supports estimated to be present among all 130 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	4	66.7%	**30.0% - 90.3%**	3	50.0%	**18.8% - 81.2%**
People have the best possible health.	4	66.7%	**30.0% - 90.3%**	4	66.7%	**30.0% - 90.3%**
People are free from abuse and neglect.	6	100.0%	**61.0% - 100.0%**	4	66.7%	**30.0% - 90.3%**
People experience continuity and security.	3	50.0%	**18.8% - 81.2%**	2	33.3%	**9.7% - 70.0%**
Community Integration						
People choose where and with whom to live.	4	66.7%	**30.0% - 90.3%**	1	16.7%	**3.0% - 56.4%**
People participate in the community.	4	66.7%	**30.0% - 90.3%**	3	50.0%	**18.8% - 81.2%**
People remain connected to informal supports.	5	50.0%	**18.8% - 81.2%**	5	83.3%	**43.6% - 97.0%**
Self-determination and choice						
People are treated fairly.	5	83.3%	**43.6% - 97.0%**	4	66.7%	**30.0% - 90.3%**
People have privacy.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**
People have personal dignity and respect.	5	83.3%	**43.6% - 97.0%**	3	50.0%	**18.8% - 81.2%**
People choose their services.	3	50.0%	**18.8% - 81.2%**	3	50.0%	**18.8% - 81.2%**
People choose their daily routines.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People achieve their employment objectives.	4	66.7%	**30.0% - 90.3%**	2	33.3%	**9.7% - 70.0%**
People are satisfied with services.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Richland County CMO **All Members** Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 23 members who were interviewed.	Outcomes estimated to be present among all 289 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 23 members who were interviewed.	Supports estimated to be present among all 289 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	20	87.0%	**67.9% - 95.5%**	21	91.3%	**73.2% - 97.6%**
People have the best possible health.	16	69.6%	**49.1% - 84.4%**	21	91.3%	**73.2% - 97.6%**
People are free from abuse and neglect.	21	91.3%	**73.2% - 97.6%**	13	56.5%	**36.8% - 74.4%**
People experience continuity and security.	18	78.3%	**58.1% - 90.3%**	14	60.9%	**40.8% - 77.8%**
Community Integration						
People choose where and with whom to live.	19	82.6%	**62.9% - 93.0%**	16	69.6%	**49.1% - 84.4%**
People participate in the community.	17	73.9%	**53.5% - 87.5%**	14	60.9%	**40.8% - 77.8%**
People remain connected to informal supports.	20	78.3%	**58.1% - 90.3%**	22	95.7%	**79.0% - 99.2%**
Self-determination and choice						
People are treated fairly.	19	82.6%	**62.9% - 93.0%**	17	73.9%	**53.5% - 87.5%**
People have privacy.	21	91.3%	**73.2% - 97.6%**	20	87.0%	**67.9% - 95.5%**
People have personal dignity and respect.	18	78.3%	**58.1% - 90.3%**	19	82.6%	**62.9% - 93.0%**
People choose their services.	18	78.3%	**58.1% - 90.3%**	15	65.2%	**44.9% - 81.2%**
People choose their daily routines.	18	78.3%	**58.1% - 90.3%**	20	87.0%	**67.9% - 95.5%**
People achieve their employment objectives.	7	30.4%	**15.6% - 50.9%**	9	39.1%	**22.2% - 59.2%**
People are satisfied with services.	21	91.3%	**73.2% - 97.6%**	22	95.7%	**79.0% - 99.2%**

*   These broad ranges are a result of the small number of people interviewed in this CMO. A larger number of interviews would have produced more precise results.

Richland County CMO: Members with Developmental Disabilities Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 6 members who were interviewed.	Outcomes estimated to be present among all 92 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 6 members who were interviewed.	Supports estimated to be present among all 92 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**
People have the best possible health.	5	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
People are free from abuse and neglect.	4	66.7%	**30.0% - 90.3%**	5	83.3%	**43.6% - 97.0%**
People experience continuity and security.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
Community Integration						
People choose where and with whom to live.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People participate in the community.	6	100.0%	**61.0% - 100.0%**	5	83.3%	**43.6% - 97.0%**
People remain connected to informal supports.	6	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
Self-determination and choice						
People are treated fairly.	5	83.3%	**43.6% - 97.0%**	4	66.7%	**30.0% - 90.3%**
People have privacy.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People have personal dignity and respect.	4	66.7%	**30.0% - 90.3%**	5	83.3%	**43.6% - 97.0%**
People choose their services.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People choose their daily routines.	5	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
People achieve their employment objectives.	3	50.0%	**18.8% - 81.2%**	5	83.3%	**43.6% - 97.0%**
People are satisfied with services.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Richland County CMO: Frail Elder Members Round 4 Interviews conducted September 2003-June 2004	Outcomes Present			Supports Present		
	Outcomes found to be present for the 6 members who were interviewed.	Outcomes estimated to be present among all 131 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 6 members who were interviewed.	Supports estimated to be present among all 131 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	Number	Percent	Range*	Number	Percent	Range*
People are safe.	5	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
People have the best possible health.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People are free from abuse and neglect.	6	100.0%	**61.0% - 100.0%**	2	33.3%	**9.7% - 70.0%**
People experience continuity and security.	6	100.0%	**61.0% - 100.0%**	4	66.7%	**30.0% - 90.3%**
Community Integration						
People choose where and with whom to live.	4	66.7%	**30.0% - 90.3%**	3	50.0%	**18.8% - 81.2%**
People participate in the community.	4	66.7%	**30.0% - 90.3%**	2	33.3%	**9.7% - 70.0%**
People remain connected to informal supports.	5	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
Self-determination and choice						
People are treated fairly.	5	83.3%	**43.6% - 97.0%**	6	100.0%	**61.0% - 100.0%**
People have privacy.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**
People have personal dignity and respect.	6	100.0%	**61.0% - 100.0%**	5	83.3%	**43.6% - 97.0%**
People choose their services.	5	83.3%	**43.6% - 97.0%**	4	66.7%	**30.0% - 90.3%**
People choose their daily routines.	5	83.3%	**43.6% - 97.0%**	5	83.3%	**43.6% - 97.0%**
People achieve their employment objectives.	2	33.3%	**9.7% - 70.0%**	2	33.3%	**9.7% - 70.0%**
People are satisfied with services.	6	100.0%	**61.0% - 100.0%**	6	100.0%	**61.0% - 100.0%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A larger number of interviews would have produced more precise results.

Richland County CMO: **Members with Physical Disabilities** Round 4 Interviews conducted September 2003-June 2004	**Outcomes Present**			**Supports Present**		
	Outcomes found to be present for the 11 members who were interviewed.	Outcomes estimated to be present among all 66 members (We are 95% confident that the results would fall within this range if we could interview all members.)		Supports found to be present for the 11 members who were interviewed.	Supports estimated to be present among all 66 members (We are 95% confident that the results would fall within this range if we could interview all members.)	
Foundations	**Number**	**Percent**	**Range***	**Number**	**Percent**	**Range***
People are safe.	9	81.8%	**52.3% - 94.9%**	9	81.8%	**52.3% - 94.9%**
People have the best possible health.	6	54.5%	**28.0% - 78.7%**	10	90.9%	**62.3% - 98.4%**
People are free from abuse and neglect.	11	100.0%	**74.1% - 100.0%**	6	54.5%	**28.0% - 78.7%**
People experience continuity and security.	7	63.6%	**35.4% - 84.8%**	5	45.5%	**21.3% - 72.0%**
Community Integration						
People choose where and with whom to live.	10	90.9%	**62.3% - 98.4%**	8	72.7%	**43.4% - 90.3%**
People participate in the community.	7	63.6%	**35.4% - 84.8%**	7	63.6%	**35.4% - 84.8%**
People remain connected to informal supports.	9	72.7%	**43.4% - 90.3%**	10	90.9%	**62.3% - 98.4%**
Self-determination and choice						
People are treated fairly.	9	81.8%	**52.3% - 94.9%**	7	63.6%	**35.4% - 84.8%**
People have privacy.	10	90.9%	**62.3% - 98.4%**	9	81.8%	**52.3% - 94.9%**
People have personal dignity and respect.	8	72.7%	**43.4% - 90.3%**	9	81.8%	**52.3% - 94.9%**
People choose their services.	8	72.7%	**43.4% - 90.3%**	6	54.5%	**28.0% - 78.7%**
People choose their daily routines.	8	72.7%	**43.4% - 90.3%**	9	81.8%	**52.3% - 94.9%**
People achieve their employment objectives.	2	18.2%	**5.1% - 47.7%**	2	18.2%	**5.1% - 47.7%**
People are satisfied with services.	10	90.9%	**62.3% - 98.4%**	11	100.0%	**74.1% - 100.0%**

*   These broad ranges are a result of the small number of people interviewed in this target group in this CMO. A
      larger number of interviews would have produced more precise results.

Appendix: Discussion and Decision-making Questions

People are safe.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What kinds of safety risks are you concerned about? In the home/community? Do you feel safe at home? Is there anyplace you don't feel safe? What would you do if there were an emergency? Do you have safety equipment? Is your living environment clean and safe of health risks? Other questions appropriate for the member's needs and preferences.	Does the person live, work, and pursue leisure activities in environments that are safe? Does the person know how to respond in the event of an emergency situation?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you know that the person is safe? How do you learn about safety issues that are of concern to the person? What do you do to ensure that places where the person spends time are safe? Are there any barriers to the person's safety? How do you assist the person to overcome barriers to this outcome?	Has the organization identified safety issues for the person? Is the person provided with supports to address identified safety concerns if needed and requested?

People have the best possible health.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
Do you feel healthy? If no, what bothers you? What do you do to stay healthy? What health concerns do you have? Are you seeing a doctor, dentist, and health care professionals? Do you take medications? If so, what is it, and how does it help? If you think medications, treatments, or interventions are not working, what is being done? Other questions appropriate for the member's needs and preferences.	Does the person see health care professionals? Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions? Have health intervention services been selected by the person in consultation with the health care professional? Have health intervention services as desired by the person been effective? If due to personal choice, the outcome is present.

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How have you explored health issues with the person? What supports does the person need to achieve or maintain best possible health? Who provides the support? How was this decided? How do you assist the person to overcome barriers to this outcome? What organizational practices, values, and activities support this outcome for the person?	Does the organization know the person's definition of best possible health? Are supports provided for the person to promote and maintain best possible health if needed and requested? Does the organization respond to the person's changing health needs and preferences? Based on the answers to these questions, are there individualized supports in place that facilitate this outcome?

People are free from abuse and neglect.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
Do you have any complaints about how you are being treated by anyone? Have you been hurt by anyone? Has anyone taken advantage of you? Does anyone yell or curse at you? Who would you tell if someone hurt you or did something you did not like? Do you know what abuse is? Have you been abused? Other questions appropriate for the member's needs and preferences.	Have there been any allegations of abuse or neglect by or on behalf of the person? Is there any evidence that the person has been abused, neglected, or exploited? Is the person experiencing personal distress from a previous occurrence of abuse?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
Does the person understand abuse and neglect? If yes, how do you know that? What has been done to inform the person? What activities/practices are in place for the person to prevent abuse and neglect? How do you assist the person to overcome barriers to this outcome?] What organizational practices, values, and activities support this outcome for the person?	Does the organization know about the person's concerns regarding abuse and/or neglect? Does the organization provide the person with information and education about abuse and neglect? Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse and neglect?

People experience continuity and security.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
How long has your support staff worked with you? Is there anything you want to change? What is your source of income? Do you have enough money to pay your expenses? Are there things you have to do without? Is your financial sit. acceptable? Renter's Insurance? Home Owners Insurance? Life insurance? Other questions appropriate for the member's needs and preferences.	What changes have occurred for the person over the past one to two years? Are changes determined by the person? Is the control over changes similar to that exercised by other people? Does the person have economic resources to meet his/her basic needs?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How are changes handled and planned for? How is the importance of staff continuity defined for the person and addressed through the support process? How is the sufficiency of the person's economic resources determined? What supports are provided if they are insufficient? How is the person assisted to obtain additional resources? How does the organization ensure that the person has protection for his/her personal resources? How do you assist the person to overcome barriers to this outcome?	Does the organization know what is required for the person to experience continuity and security or are efforts being made to learn about the person's preferences? Are supports provided to assist the person in attaining and maintaining continuity and security?

People choose where and with whom they live.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
How did you choose where to live? What options did you have to choose from? How did you decide who would live with you? What do you like about your living situation? What would you like to be different? Other questions appropriate for the member's needs and preferences.	Does the person have options about where and with whom to live? Does the person decide where to live? Does the person select with whom he/she lives?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you learn about the person's preferences? How do you present options so the person can make informed choices? Is the person living where/with whom they wish? What are you doing to overcome barriers?	Does the organization know where and with whom the person wants to live or are there efforts being made to learn about the person's preference? Does the organization support the person to explore all options so he/she can make informed choices? Does the organization acknowledge the person's preferences and support the person to address any barriers that prevent him/her from choosing where/with whom to live?

People participate in the life of the community.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What kinds of things do you do in the community(shopping, banking, synagogue, church, school, hair care) What kinds of recreational or fun things do you do in the community (movies, sports, restaurants, events) How do you know what there is to do? Who decides where and with whom you go? Is there anything you would like to do in the community that you don't do now? What would you need to make this happen? What supports do you need to participate as often as you'd like in community activities? Other questions appropriate for the member's needs and preferences.	What does the person do when he/she participates in the life of the community? How often does the person participate in the life of the community? Is this type and frequency of participation satisfactory to the person?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How is the person informed of options available in the community? How do you learn about what the person prefers to do ? How do you learn about how often the person likes to be involved in community activities? What supports does the person need to participate in community activities? How are those provided? Are there any barriers That affect this outcome for the person? How do you assist the person in overcoming these barriers?	Does the organization know what the person would like to do in the community OR are efforts being made to learn about the person's preferences? Does the organization know how often the person would like to engage in community activities OR are efforts being made to learn about the person's preferences? Does the organization provide the person access to information about options for community participation? Does the organization provide support to the person to do the things s/he wants to do?

People remain connected to informal supports.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
Who are the people in your life that you count on? Who do you want to talk to or be with when you go through rough times? Have you lost contact with family members or others? Is the contact enough? If no, why? What type of frequency of contact would you prefer? Other questions appropriate for the member's needs and preferences.	Does the person have a natural support network? If the answer to #1 is yes, what contact does the person have with people in the network? Is this contact satisfactory to the person? If the person does not have a natural support network, is this due to personal choice or due to natural circumstances? If due to personal choice or natural circumstances, the outcome is present.

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you learn about the person's support network? What do you do to support contact? If there is no contact, what is done to assist the person to re-establish contact if desired? If contact is with parents only, what do you do to expand/extend the network What do you do if the extent and frequency of contact is unsatisfactory to the person? Are there barriers preventing the person from remaining connected with people s/he identifies as a part of this support network? How do you assist the person to overcome these barriers?	Has the person's natural support network been identified by the organization? Does the organization know the status of relationships within the person's support network? Does the organization provide support for the person's relationships within the network if needed and requested?

People are treated fairly.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
Have there been times when you thought you were treated unfairly or your rights were violated? With whom can you talk when you have concerns about your rights? Are any of your rights formally limited? If yes, did you agree to? What is being done to change the situation? What assistance are you getting so you can exercise this right in the future? Other questions appropriate for the member's needs and preferences.	What rights limitation or fair treatment issues have been identifies by this person? If none, the outcome is present. If there are limitations or fair treatment issues, was due process provided?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
Does the person have rights limitations? What is the reason for limitations? How was it decided limitation was necessary? Who consented to limitations? Who reviewed the limitation? What is the plan to remove the limitation? How ling will the limitation be in place? What are the barriers that affect the outcome for the person? How do you assist the person to overcome barriers to this outcome?	Has the organization solicited info about rights violations or fair treatment issues from the person? Have procedures for addressing the person's concerns been implemented? Are the procedures used by the organization consistent with due process principles?

People have privacy.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
Where can you go when you want to be alone? Where do you visit with your friends or family in privacy? How do you have enough privacy when you make personal phone calls? Are there times when you don't have the privacy you want? If you need help with personal hygiene, how do you decide who will help you? Other questions appropriate for the member's needs and preferences.	Does the person have time during the day for private activities and general privacy? Can the person go somewhere to be alone or with friends? Is privacy provided when the person desired/requests privacy? Is the person satisfied with the level of privacy?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you learn about the person's desires/needs for privacy? How do you accommodate his/her desires and needs. How are methods to address opportunities for the person's privacy individualized for the person? Are there any barriers that affect this outcome for the person? How is the person supported to address barriers?	Does the organization know the person's preferences for privacy or are efforts being made to learn about preferences? Does the organization make accommodations to honor the person's preferences?

People have personal dignity and respect.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
How does staff treat you? What do you think about things you do at home, school, work? Are they interesting? Do people listen to your comments and concerns? Do you think people treat you as important? Other questions appropriate for the member's needs and preferences.	How do others treat the person? Does this treatment demonstrate respect for the person? Do interactions with others reflect concern for the person' opinions, feelings, and preferences?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you know if the person feels respected? How is respect considered in decisions regarding supports, services, and activities? Are there any barriers that affect the outcome for the person? How do you assist the person to overcome barriers to this outcome?	Does the organization know what is important to the person with regard to respect? Does the organization take action to ensure that interactions with the person are respectful? Have supports need to enhance the person's self-image been identified and implemented?

People choose their services.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What services are you receiving? When, where and from whom do you receive the services? Who decided what services you would receive? If not you, who & why? Are these services the one's you want? Do you have enough services? Can you change services/providers if you want? Other questions appropriate for the member's needs and preferences.	Does the person select the services and/or supports that he/she receives? Do the services/supports focus on the person's goals? Does the person have choices about service providers?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you determine the services desired by this person? How were options for services and providers presented to the person? How were the person's preferences considered when presenting options? If the person has limited ability/experience to make decisions, what do you do? How do you assist the person to overcome barriers to this outcome?	Does the organization actively solicit the person's preferences for services and providers? Does the organization provide options to the person about services and providers? Does the organization honor the person's choices about services and providers?

People choose their daily routines.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What is your day usually like? What do you do and when? Can you make a change in times you do things to suit your needs? Who decides when you eat meals? Who decides when and how often you bathe? Other questions appropriate for the member's needs and preferences.	Does the person have choice about what to do during the day? Does the person choose when, where, and for how long he/she will engage in routine activities?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you know what the person likes to do and when he/she prefers to do it? How do you learn about the person's preferences for routines and leisure time? How are options explored and experiences provided? How do you honor the personal preferences of the person" Are there any barriers that affect the outcome for the person? How is the person supported to achieve this outcome?	Does the organization know the person's preferences for daily routine? Does the organization make accommodations to honor the person's preferences?

People achieve their employment objectives.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What do you do for work/career? What options did you have? Who chose what you do? Can you do something different if you want? How did others help you with this? Other questions appropriate for the member's needs and preferences.	Does the person have the opportunity to experience different options? Does the person decide where to work and what to do?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
How do you learn about the person's preferences for work? How do you present options to the person so they can make informed choices? Is the person working where they wish? How are you overcoming any barriers? How do you learn about the person's job satisfaction?	Does the organization know the person's interests for work OR are efforts being made to learn about what the person would like to do? Does the organization provide the person with access to varied job experiences or options? Has the organization responded to the person's desires for pursuing specific work/career options with supports? Has the organization supported the person to address any identified barriers to achieving this outcome?

People are satisfied with services.

To assess the **outcome**, the interviewer's conversation with the member could include:	The interviewer will then determine whether the outcome is present by answering:
What have you gained from the services you receive? What do you like about the services you receive? What would you like to change? Is there something more you want? How do people find out if you are satisfied with services? How do you let people know you are dissatisfied? Other questions appropriate for the member's needs and preferences.	What are the person's expectations/needs for services and supports? Are services and supports provided to meet the person's expectations and needs?

To assess the **support**, the care manager will be asked:	The interviewer will then determine whether the support is present by answering:
What methods have been developed to determine the person's satisfaction with services? What is done to increase satisfaction if the person has concerns? How have you determined the person's expectations for services and supports? Are there any barriers that affect the outcome for the person?	Does the organization actively solicit the person's opinions about services and supports? Does the organization respond to the person's feedback regarding supports and services? Are there changes/accommodations made to increase the person's satisfaction?